PTO/SB/05 (08-03)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Attorney Docket No. **OSTEONICS 3.0-459** UTILITY First Inventor Casey K. Lee PATENT APPLICATION TRANSMITTAL Title SPINAL IMPLANT (Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No. EV 342609087 US MS Patent Application **APPLICATION ELEMENTS** Commissioner for Patents ADDRESS TO: See MPEP chapter 600 concerning utility patent application contents. P.O. Box 1450 Alexandria, VA 22313-1450 Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) Applicant claims small entity status. Nucleotide and/or Amino Acid Sequence Submission 8 See 37 CFR 1.27. (if applicable, all necessary) Specification Х [Total Pages 13 Computer Readable Form (CRF) (preferred arrangement set forth below) b. Specification Sequence Listing on: Descriptive title of the invention
Cross Reference to Related Applications
Statement Regarding Fed sponsored R & D CD-ROM or CD-R (2 copies); or Paper Reference to sequence listing, a table, or a computer program listing appendix
 Background of the Invention c. Statements verifying identity of above copies **ACCOMPANYING APPLICATION PARTS** Brief Summary of the Invention
 Brief Description of the Drawings (if filed) 9. Assignment Papers (cover sheet & document(s)) Detailed Description Claim(s) 37 CFR 3.73(b) Statement 10. - Abstract of the Disclosure (when there is an assignee) Attomey 4. X Drawing(s) (35 U.S.C. 113) [Total Sheets 5 11. English Translation Document (if applicable) Information Disclosure Statement (IDS)/PTO-1449 X Copies of IDS Citations 5. Oath or Declaration 2 (Total Sheets 12. X Newly executed (original or copy) 13. Preliminary Amendment Copy from a prior application (37 CFR 1.63(d)) Return Receipt Postcard (MPEP 503) 14. х (for continuation/divisional with Box 18 completed) (Should be specifically itemized) Certified Copy of Priority Document(s) DELETION OF INVENTOR(S) 15. (if foreign priority is claimed) Signed statement attached deleting inventor(s) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 16. 17. Other: 6. X Application Data Sheet. See 37 CFR 1.76 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: Continuation-in-part (CIP) of prior application No.: Continuation Divisional Prior application information: Examiner Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS X, Customer Number: 000530 OR Correspondence address below Name Address City State Zip Code Country Telephone Fax Name (Print/Type) Scott S. Servilla Registration No. (Attorney/Agent) 40,806 Signature August 26, 2003

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control nu								
FEE TRANSMITTAL			Complete if Kn wn					
	-	Application Number			per	Not Yet Assigned		
for FY 2003		Filing Date				Concurrently Herewith		
Effective 01/01/2003, Patent fees are subject to annual revision.		First Named Inventor			ntor	Casey K. Lee		
The state of the traces, it defined and subject to all must revision.		Examiner Name				Not Yet Assigned		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit				N/A		
TOTAL AMOUNT OF PAYMENT (\$) 1,182.00)	Attomey Docket No.			О.	OSTEONICS 3.0-459		
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)					
Check Credit Money Other None	3. 4	ADDITIONAL FEES						
X Deposit Account:								
Deposit Cookin.		Large Entity Small Entity						
Account Number 12-1095		Fee (\$)	Fee Code	Fee	-	Fee Description		
			l	(\$)		•	Fee Paid	
Account Land Account	1051	130	2051	65	Surcharge	e – late filing fee or oath		
Name Krumnoiz & Mentlik, LLP The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.			
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English specification			
X Charge any additional fee(s) during the pendency of this application		2,520	1812	2,520	For filing a request for ex parte reexamination			
		920*	1804	920*	Requesting publication of SIR prior to			
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1804		1805	1,840*	Examiner action Requesting publication of SIR after		-	
FEE CALCULATION	1251	110	2251	55	Examiner action Extension for reply within first month			
1. BASIC FILING FEE	1252	410	2252	205	Extension for reply within second month			
Large Entity Small Entity		930	2253	465	Extension for reply within third month			
Fee Fee Fee Fee <u>Fee Description</u> Fee Paid	1254	1,450	2254	725				
Code (\$) Code (\$) 1001 750 2001 375 Utility filing fee 750.00	1255	1,970	2255	985	Extension for reply within fifth month			
1002 330 2002 165 Design filing fee	1401	320	2401	160	Notice of Appeal			
1003 520 2003 260 Plant filing fee	1402	320	2402	160	Filing a brief in support of an appeal			
1004 750 2004 375 Reissue filing fee	1403	280	2403	140	Request fo	Request for oral hearing		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 750.00	1452 1453	110	2452	55		revive – unavoidable		
2 FYTRA OLAMA FEFO FOR UTU ITY AND DESCRIPT		1,300	2453	650	Petition to revive - unintentional			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Fee from	1501	1,300	2501	650	-	e fee (or reissue)		
Claims below Fee Paid Total Claims 30 -20** = 10 x 18.00 = 180.00	1502	470	2502	235	Design iss			
Independent	1503 1460	630	2503	315	Plant issue fee			
Claims 6 -3** = 3 x 84.00 = 252.00		130	1460	130	Petitions to the Commissioner			
Multiple Dependent	1807	50	1807	50		g fee under 37 CFR 1.17(q)		
Large Entity Small Entity Fee Fee Fee Fee	1806	180	1806	180		n of Information Disclosure Stmt		
Code (\$) Code (\$)	8021	40	8021	40	property (ti	Recording each patent assignment per property (times number of properties)		
1202 18 2202 9 Claims in excess of 20	1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))		i	
1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375	For each additional invention to be			
1203 280 2203 140 Multiple dependent claim, if not paid 1204 84 2204 42 ** Reissue independent claims	1801	750	2801		examined (37CFR 1.129(b)) Request for Continued Examination (RCE)			
over original patent		900	1802	900	Request for expedited examination			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		1802 900 1802 900 request to expedite examination of a design application						
SUBTOTAL (2) (\$) 432.00								
**or number previously paid, if greater; For Reissues, see above	Redu	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00						
SUBMITTED BY (Complete (if applicable))								
Name (Print/Type) Scott S. Servilla	Registr	istration No. 40 806 Tolerand (009) E49 6399						
. Fig. 5 Court of Continu	(Attorne	y/Agent)	170,	500		Telephone (908) 518-6388		

Date

August 26, 2003

Signature